DOCUMENT RESUME

ED 160 291 RC 010 788

TITLE Progress Report--The Implementation of the Indian Health Care Improvement Act P.L. 94-437.
INSTITUTION Health Services Administration (DHEW/PHS), Rockville, Md. Indian Health Service.
PUB DATE Sep 78
NOTE 21p.; Prepared for distribution at the Annual Meeting of the National Congress of American Indians (Rapid City, South Dakota, September 18-22, 1978); Pages 16-18 may not reproduce well due to small print size of original; Page 4 is missing some narrative at the bottom

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS *Alaska Natives; Alcoholism; *American Indians; *Federal Legislation; Federal Programs; Health Facilities; *Health Personnel; *Health Services; Hospitals; Medical Services; Physicians; *Program Evaluation; Recruitment; Scholarships; Student Financial Aid; Waste Disposal
IDENTIFIERS *Indian Health Care Improvement Act; Indian Health Service; Urban Indians

ABSTRACT

The Indian Health Care Improvement Act authorizes 612 positions and $208,797,000 for fiscal year 1978. Title I augments the inadequate number of health professionals serving Indians, and with such aid as grants and scholarships removes barriers to health professionals' entry into the Indian Health Service (IHS) and private practice for Indians. Title II authorizes resources, funds, and positions to reduce known unmet needs for health services in such program areas as patient care, field health, and alcoholism. Title III funds are used to construct health care facilities and provide safe water and sanitary waste disposal facilities for homes and communities. Title IV provides for use of Medicare and Medicaid entitlements in IHS facilities. Title V encourages establishment of programs to make health services more accessible to urban Indians. Title VI is to study the feasibility of an American Indian School of Medicine, and Title VII covers a miscellany of items, including preparation of the annual report and publication of final rules and regulations. This progress report for fiscal year 1978 breaks down each of the title areas into a description of the title purpose, its major activities in 1978, and tentative plans for 1979. (DS)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED160291

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

PROGRESS REPORT

The Implementation of the

Indian Health Care Improvement Act

P.L. 94-437

BEST COPY AVAILABLE

Report Prepared by:

The Indian Health Service

for

Distribution at the Annual Meeting of the

National Congress of American Indians

September 18-22, 1978

Rapid City, South Dakota

RC 010788

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES ADMINISTRATION
ROCKVILLE, MARYLAND 20857

INDIAN HEALTH SERVICE

September 15, 1978

437-11

Indian Health Service Progress Report
Indian Health Care Improvement Act -- P.L. 94-437

This report summarizes major activities which have occurred during fiscal year 1978 (October 1, 1977-September 30, 1978). This report is purposely kept brief and will be expanded with more detail in the Annual Report -- October 1, 1977 thru September 30 1978.

This report presents first some general activities which effect many parts of the Act and then a Title by Title description of 1) Purpose of Title, 2) Summary of Major Activities in Fiscal Year 1978, and 3) Tentative Plans for Fiscal Year 1979.

GENERAL ACTIVITIES

Budget - F.Y. 1978

P.L. 94-437 authorized 612 positions and $208,797,000 for F.Y. 1978. The resources actually appropriated included 477 positions and $167,758,000 which included $72,000,000 appropriated in F.Y. 1977 as a supplemental -- refer to Attachment I.

Budget - F.Y. 1979

1979 Congressional Action -- refer to Attachment II -- shows the current status of F.Y. 1979 budget activity. The "1978 Availability" column shows resources available in the F.Y 1978 base budget. The "1979 to Congress" column shows resources authorized in the President's Budget. The "1979 House Committee" and "1979 Senate Committee" shows changes, plus or minus, compared to the President's Budget. Of course, remaining actions include the "1979 Conference" which is the action of the House-Senate Joint Conference Committee, and the "1979 Appropriation" which will show the resources provided in the Appropriation Act, signed by the President for F. Y. 1979.

Annual Report -- P.L. 94-437 -- F.Y. 1977

The Annual Report - October 1, 1976, through September 30, 1977, The Indian Health Care Improvement Act, P.L. 94-437, which was approved by the Secretary of Health, Education, and Welfare on June 19, 1978, and forwarded to the President of the Senate and the Speaker of the House of Representatives, was distributed July 20, 1978, to all receivers of P.L. 94-437 communications.

General Activities (continued)

Final Rules and Regulations -- P.L. 94-437

Nov. 18, 1977 -- Final Rules and Regulations published in Federal Register.

Nov. 23, 1977 -- 7,000 copies of November 18 Federal Register received at IHS Headquarters and over 6,000 copies distributed that same day to IHS Area/Program "437" Coordinators, National Indian Organizations, and others through the "usual 437 distribution."

National Indian Organization Consultants to IHS for P.L. 94-437

Meetings were held at IHS Headquarters in Rockville, Maryland on December 5-6, 1977: March 5-6, 1978; May 15-16, 1978; and August 14-15, 1978. The May meeting was a special meeting with a Steering Committee -- P.L. 93-638 and P.L. 94-437 Implementation and Communication -- involving representatives of four major National Indian Organizations (AIHCA, NCAI, NIHB, NTCA) as a follow-up to the Second National Indian/Alaska Native Health Conference in Albuquerque in February 1978.

Other General Activities

The IHS Headquarters Core Team (Title Manager, Project Manager Alternate, and Project Manager) presented a "P.L. 94-437 Progress Report Workshop" at the Annual Meeting of the NCAI in Dallas, Texas on September 20-21, 1977.

TITLE I -- INDIAN HEALTH MANPOWER

Purpose of Title I

The purpose of this Title is to augment the inadequate number of health professionals serving Indians and remove the multiple barriers to the entrance of health professionals into the Service and private practice among Indians.

Summary of Major Activities in Fiscal Year 1978

Section 102 -- Health Professions Recruitment Program for Indians

April 18	--	Distribution of grant application kits.
June 5	--	Deadline for receipt of completed applications at IHS Area/ Program Offices.
June 15	--	Deadline for receipt of completed applications from IHS Area/Program Offices at IHS Headquarters.
Aug. 28-31	--	Reviewed 56 grant applications. The results of the review and award process will be announced in September.

Section 103 -- Health Professions Preparatory Scholarship Program for Indians, and Section 104/757 -- Health Professions Scholarship Program

Nov. 25	--	Distribution of Scholarship Application Kits for SPRING TERM 1978. Categories were limited to: Nursing -- RN, LPN; Engineering -- Civil, Sanitary; Laboratory/Radiology -- Medical Technologist, Medical Technician, Radiology Technician; Medical Records -- Medical Records Librarian, Medical Records Technician.
Dec. 30	--	Deadline for receipt of completed applications at IHS Area/ Program Offices.
Jan. 9	--	Deadline for receipt of completed applications from IHS Area/ Program Offices at IHS Headquarters.
Jan. 24-27	--	Review and rating of completed applications at IHS Headquarters.

Sections 103-104/757 (continued)

Feb-Apr	--	Solution of technical problems preventing award of scholarships.
May	--	Award of scholarships for Spring Term 1978.
May 1	--	Distribution of Scholarship Application Kits for FALL TERM 1978. All health professions categories considered with final decisions based on need of IHS program and Indian people.
June 20	--	Deadline for receipt of completed applications at IHS Area/Program Offices.
July 6	--	Deadline for receipt of completed applications from IHS Area/ Program Offices at IHS Headquarters.
July 20-21	--	Review and rating of completed applications at IHS Headquarters.
Aug. 16	--	Award of scholarships for Fall Term 1978. Total scholarships awarded to date: Section 103 -- 97, Section 104 -- 203, Total -- 300.
July 26	--	Distribution of Scholarship Application Kits for THIRD '78 CYCLE for FALL TERM 1978.
Sept. 8	--	Deadline for receipt of completed applications at IHS Area/ Program Offices.
Sept 18	--	Deadline for receipt of completed applications from IHS Area/ Program Offices at IHS Headquarters.
Sept. 30	--	Award of scholarships to be made for THIRD '78 CYCLE.

Section 105 -- Indian Health Service Extern Programs

During the summer many students enrolled in health professions programs were employed with the IHS. Exact numbers and health disciplines will be reported after the end of F.Y. 1978 when all data are complete.

Section 106 -- Continuing Education Allowances

During F.Y. 1978 continuing education was provided to health professionals employed by the Service. Professional categories and numbers of people trained

Tentative Plans for Fiscal Year 1979

Note: Final plans for F.Y. 1979 for all Titles of P.L. 94-437 will, of course, depend on the amount of resources (positions and funds) appropriated to the IHS. Thus, plans stated are based on the current budget status for F.Y. 1979, before the report of the Joint Conference Committee and final action by the Congress and signature of the Appropriation Act by the President.

Section 102 -- The main focus of activity will be the monitoring of funded projects. If funds are available, there will be an announcement for recruitment grant applications for F.Y. 1979 funding.

Section 103 -- Throughout F.Y. 1979, there will be an "open continuous announcement" for applications for Health Professions Preparatory Scholarships for Indians. Thus, there will be NO DEADLINES and qualified applicants will be considered at anytime, pending the availability of funds.

Section 104 -- There will be an announcement for applications for the Health Professions Scholarship Program in January or February.

Section 105 -- There will be an announcement for the Extern Program in December or January.

Section 106 -- Continuing education funds will be distributed to the IHS health professional branches when F.Y. 1979 funds become available.

TITLE II--HEALTH SERVICES

Purpose of Title

The purpose of Title II is to authorize resources, funds and positions, in excess of existing resource levels to reduce the known unmet need for health services in certain program areas, including patient care, field health, dental health, mental health, alcoholism, and maintenance and repair. The intent indicated by the Congress in addressing Title II was to build upon and/or strengthen the existing IHS health delivery system by annual increments of resources. This phased approach favored by the Congress in drafting Title II will not only result in the reduction of unmet need for health services, but will also establish a firm program base which will enable the IHS to continue to provide the level of health services beyond the life span of P.L. 94-437.

Summary of Major Activities in Fiscal Year 1978

General

Nov. 18 -- Allocation letter sent to all IHS Area/Program Offices showing the Congressional "Add-ons", including the P.L. 94-437 resources. The distribution of these resources, by Area/Program Office, was based primarily on the results of the second application of the Resource Allocation Criteria, supplemented by recommendations of the IHS program managers.

Dec. 30 -- The revised Area/Program Office Implementation Plans were due in IHS Headquarters. These Plans described the proposed utilization of allocated resources and projected impact of such resources.

Feb. 28 -- The revised Area/Program Office Implementation Plans were reviewed by Headquarters for consistency with the Congressional intent and the utilization of allocated resources. If additional inconsistencies were noted, the appropriate Area/Program Offices were notified for needed modification.

Alcoholism

Ongoing -- Meetings with representatives of the IHS and National Institute on Alcohol Abuse and Alcoholism (NIAAA) to discuss: NIAAA's continuing responsibilities after the transfer of the Indian alcoholism projects; and the Memorandum of Agreement between IHS and NIAAA identifying the responsibilities of both organizations for training, evaluation, and other activities.

Title II (continued)

Ongoing — The development by the IHS Office of Research and Development (ORD) and the Alcoholism Program of an alcoholism component for the IHS Resource Allocation Criteria (RAC).

Ongoing — The development by representatives of IHS, Indian alcoholism projects, NIAAA, and other concerned parties of an evaluation process. However, on an interim basis, the transferred Indian alcoholism programs will continue to comply with the reporting procedures required by NIAAA's National Alcoholism Program Information System (NAPIS).

Jan. — IHS announced that Mr. Bud Mason was selected as the Director, IHS Office of Alcoholism.

Mar. — Meeting was held with representatives of the 36 programs scheduled for transfer to the IHS in FY 1978 to discuss the transfer procedures.

May — Memorandum of Agreement between IHS and NIAAA was finalized and approved by the Director, IHS and Acting Director, NIAAA.

June — The first 36 Indian alcoholism programs were transferred from NIAAA to IHS.

Meeting was held with IHS staff and representatives of the 52 Indian alcoholism programs, scheduled for transfer from NIAAA to IHS in FY 1979, to discuss the transfer process.

July — IHS Alcoholism Program staff met with representatives of tribes, national Indian Organizations (NCAI, NTCA, NIHB), and the National Institute on Drug Abuse to assess the available program needs and resources.

Mental Health

Nov. Since the FY 1978 Congressional appropriation was less than the authorization level, the Director, IHS, decided on a phased development of the specific mental health initiatives. Included in this phased development are:

- Therapeutic and Residential Treatment Center (Indian Children's Center)
- Inpatient Mental Health Project
- Model Dormitory Mental Health Project

Title II (continued)

Research

Oct. — Announcement of FY 1978 research program to be coordinated by Dr. Maurice Seivers, Senior Clinician Internal Medicine and IHS Research Coordinator.

Feb. — Recommended research projects for funding were submitted to and approved by the Director, IHS.

The guidelines for the research initiative under the provisions of P.L. 94-437, Title II, Section 201(d) were distributed. Also, an administrative decision was made that research activities in 1979 will be conducted by IHS. This will allow the IHS to finalize the research procedures, including the identification of the types of research required consistent with P.L. 94-437, as well as finalizing the procedures for soliciting, reviewing, and rating proposals.

Tentative Plans for Fiscal Year 1979

The President's Budget for FY 1979 only includes resources for the alcoholism program in Title II. These resources in the amount of $4,830,000 will be directed at funding the fifty-two (52) Indian alcoholism programs scheduled for transfer from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to IHS.

The "1979 House Committee" and "1979 Senate Committee" Reports reflect a reprogramming of 171 positions and $3,5000,000 from contract health services surgery backlog funds to direct patient care. However, this action must be considered by the House-Senate Joint Conference Committee. If the F.Y. 1979 Congressional Appropriation includes these reprogrammed resources, they will be used to provide surgery services specifically at selected IHS surgical centers.

TITLE III -- HEALTH FACILITIES

Purpose of Title

Authorizes funds for the planning, construction and renovation of hospitals, health centers, health stations, extended health care facilities, Indian health facilities, and other facilities of the Indian Health Service, and to provide safe water systems and sanitary waste disposal facilities for American Indian and Alaska Native homes and communities.

Summary of Major Activities in Fiscal Year 1978

The operational plan for this Title cannot be finalized until the receipt of Congressional approval of the IHS Bed Planning Methodology. The Congress, in its report on the F.Y. 1978 IHS Facilities Program, requested the IHS to develop a Bed Planning Methodology that could be used to project acute care bed needs for new, replacement, and major modernization hospital projects. This has been accomplished and submitted to DHEW. The PHS has approved the new IHS Methodology and GAO, the investigative arm of Congress, has recently agreed to accept this planning process, which is now being considered by the Congress. However additional development will be required by IHS, DHEW, and the GAO. The operational plan for Title III, which will contain the IHS Bed Planning Methodology, will be finalized and distributed as a part of the Tribal Specific Health Planning Criteria.

The Facilities Priority System document is under development at this time and will be available by November 1978. This document will serve to assist all levels of IHS to assess priority of health facility projects and allow them to be arranged in a priority order.

The Priority System document will be appended to the operational plan for assistance to the respective tribes for use in evaluating their Health Facilities Construction Program.

The manual that addresses the administration of contracts and grants under PL 93-638 for the design and construction of health facilities has been finalized and is available. The operational plan will contain this document also.

Tentative Plans for Fiscal Year 1979

Finalize and distribute the operational plan for Title III upon Congressional approval of the IHS Bed Planning Methodology.

TITLE IV — ACCESS TO HEALTH SERVICES

Purpose of Title

This Title provides for American Indians and Alaska Natives to use their Medicare and Medicaid entitlements in Indian Health Service facilities in the interest of contributing to improvements in the quality of care provided. Through these contributions IHS facilities should be able to meet and maintain certification standards required of other Medicare and Medicaid providers. The Title assures that the regular IHS appropriation will not be reduced by the amount of third party reimbursements collected, that there will be equal services for persons served and that there will be accountability for the use of the funds collected.

Summary of Major Activities in Fiscal Year 1978

Implementation of Title IV was achieved in five IHS Areas/Programs: Aberdeen, Bemidji, Billings, Oklahoma City, and Phoenix. As of September 1, 1978, nearly $2 million in Medicare and Medicaid reimbursements have been collected and placed in the Secretary's Special Fund. Albuquerque and Navajo have billed Medicare and/or Medicaid but not collected. The remaining Areas/Programs -- Alaska, California, Portland, Tucson, and USET -- have not implemented Title IV.

Release of the dollars collected is due on or before September 15 via a supplemental appropriation which authorizes expenditures up to $10 million in F.Y.1978,if such an amount hasbeen collected during this period. Authorized expenditures will be for correcting deficiencies cited during certification and recertification surveys and will be made according to priorities set by the Area/Program Offices and approved by Headquarters.

Other facilities that have not collected to date can seek provider status at any time, contribute to the Secretary's Special Fund, and then share in the use of funds collected.

Meetings were held to seek information in new Medicaid legislation, P.L. 95-210, the Rural Health Clinic Act permitting nurse practioner or physician assistant staffed clinics to become qualified Medicaid providers. This could be of particular benefit to IHS freestanding clinics not now covered under some State Medicaid Plans. The key is the States' Practice Acts which must approve these presons' providing primary care. Each State's Attorney General has been requested by the new national program to indicate by September 30, 1978, whether or not a State's law will permit such participation and if not, why not.

Another Medicaid program that is being explored more fully relates to Early Periodic Screening, Diagnosis, and Treatment of persons under 21 years of age. Some Areas have contributed services to this Program in the past. Now, it is possible to contract for more extensive contributions, collect reimbursements for same,and place them in the Secretary's Special Fund for use locally in accordance with the policy stated previously-- the eventual return of dollars to the facility collecting them.

Tentative Plans for Fiscal Year 1979

F.Y. 1979 work plans call for continued efforts to resolve issues hindering full participation of IHS facilities in Medicaid and Medicare. Both administrative and legislative actions may be required, and these will continue to be brought to the attention of key staff at echelons higher that IHS, including the Office of the Secretary.

Collections under Title IV should increase rapidly once Medicaid arrangements are finalized; and with staffing a key deficiency related to both attaining and maintaining certification, the need for Title IV resources can only increase.

Areas will be requested to place more emphasis on working with tribes to assure greater understanding of and participation by all Indians in Social Security Act Programs, especially Medicare and Medicaid. Specifically, the Chief of Social Services and Chief of Health Education in each IHS Area and Program Office will be asked to submit a work plan for F.Y. 1979 addressed to this goal.

Cost studies will continue as will training sessions provided for IHS Area and Service Unit personnel by Medicare and Medicaid staffs.

TITLE V -- HEALTH SERVICES FOR URBAN INDIANS

Purpose of Title

The purpose of this title is to encourage the establishment of programs in urban areas to make health services more accessible to the urban Indian population.

Summary of Major Activities in Fiscal Year 1978

Dec. 12 -- Distribution of Request for Proposals from urban Indian organizations interested in competing for F.Y 1978 funding of urban Indian health projects never before funded by IHS.

Feb. 15 -- Deadline for receipt of proposals.

Feb. 22 -- Review and rating of proposals.

May [illegible] -- 10 new projects tentatively selected and submitted to negotiation process.

Title V (continued)

Mar.-June -- Site evaluations conducted in locations where urban Indian health projects are currently funded by IHS.

July -- Distribution of Title V funds to urban Indian health projects currently funded by IHS, where appropriate, to expand the services provided by the projects.

Aug.-Sept.-- Negotiations being completed by IHS Aberdeen Area Office with an Indian organization to provide a pilot rural health project serving rural Indians in Nebraska adjacent to the Pine Ridge Sioux Reservation.

Tentative Plans for Fiscal Year 1979

Depending on the funds appropriated, will continue to:

1. Initiate urban Indian health projects never before funded by IHS.
2. Expand urban Indian health projects currently funded by IHS.
3. Initiate a pilot rural health project to provide outreach services to eligible Indians residing in rural communities near Indian reservations.

TITLE VI -- AMERICAN INDIAN SCHOOL OF MEDICINE; FEASIBILITY STUDY

Purpose of Title

To carry out a study to determine the need for and feasibility of establishing an American Indian School of Medicine.

Summary of Major Events in Fiscal Year 1978

Nov. 16 -- Final Report and recommendations completed by the Health Resources Administration and submitted to the Office of the Assistant Secretary for Health.

Report has been under review in the Assistant Secretary's office and the Office of the Secretary since that date.

TITLE VII -- MISCELLANEOUS

Summary of Major Activities in Fiscal Year 1978

The major activities in Title VII, in addition to the Annual Report and the publication of the Final Rules and Regulations already described, involved the Tribal and Urban Specific Health Plan (T/USHP) Process. These Plans will be consolidated into Service Unit, Area/Program, and National Plans which will be submitted to the Secretary for consideration as the Secretary's Plan to the Congress to describe, among other components, additional authorizations required for P.L. 94-437 during fiscal years 1981-1984. Major activities in the T/USHP Process included:

Fiscal Year 1977 Activities -- for continuity

May 10-11 -- Met with P.L. 94-437 consultants from national Indian organizations and IHS staff. Discussed program planning methodologies.

May 12 -- IHS provided NTCA with a list of common elements in sound program planning.

June 8-9-10 -- Meeting of urban Indian and IHS representatives in San Francisco to, among other items, consider suggested guidelines for developing Urban Specific Health Plans.

June 17-18 -- Meeting of tribal and IHS representatives in Reno to discuss program planning methodologies and develop preliminary input for draft guidelines for Tribal Specific Health Plans.

With input from the San Francisco and Reno meetings and from AIHCA Executive Committee, draft guidelines were developed.

July 12 -- Draft guidelines, following two revisions, were sent to IHS Area/Program Offices for distribution to tribes and urban groups for comments.

Draft forms were developed to accompany the guidelines.

Draft forms were reviewed by each IHS Area/Program Office and by Indian groups using actual data to pretest the forms.

Sept. 12-16 -- Workshop planning session at the IHS Office of Research and Development in Tucson involving IHS staff and some tribal and urban leaders.

Fiscal Year 1978 Activities

Oct. 18-20	--	T/USHP Workshop at Tempe, Arizona involving IHS staff with some tribal and urban leaders and regional office personnel.
Nov.-Feb.	--	T/USHP Workshops in each IHS Area/Program for tribal and urban leaders and health planners.
Nov. to Dec.	--	Development of USHP Process at annual meeting of the AIHCA in Minneapolis, Minnesota.
Mar. to present	--	Tribes and urban Indian organizations developing T/USHP. Technical assistance provided, at tribal or urban groups' request, by IHS Office of Research and Development - Tucson and by IHS Headquarters (Rockville) and Area/Program Offices.
May 23-25	--	Review of T/USHP Process to date through a Workshop at Tucson, Arizona involving IHS staff and some tribal and urban leaders.
Sept. 26-27	--	Workshop on T/ISHP Process to date and strategy for coming months. Workshop held in IHS Headquarters in Rockville, Maryland involving IHS Area/Program Office; and key Headquarters staff, and representatives of four major national Indian organizations (AIHCA, NCAI, HIHB, NTCA).

Tentative Plans for Fiscal Year 1979

The major deadlines for the T/USHP Process include:

Date Specified Area/Program		T/USHP completed and submitted to IHS Service Units.
June 1	--	Service Unit Plans completed and submitted with T/USHPs to Area/Program Office for consolidation into Area/Program Plan.
August 1	--	Area/Program Office Plans completed and submitted with SU and T/USHPs to IHS Headquarters for consolidation into IHS.

Tentative Plans for Fiscal Year 1980

October 1, 1979	IHS National Plan submitted as draft for HSA/PHS/Office of Secretary review and comment.

Tentative Plans for 1980 (continued)

December, 1979 IHS National Plan (Final) submitted through channels to the Secretary for consideration as the Secretary's Act - required report to the Congress.

Robert C. Birch

Robert C. Birch, D.D.S.
Project Manager, P.L. 94-437
Indian Health Service

Attachments

Approved:

Emery A. Johnson, M.D.
Assistant Surgeon General
Director, Indian Health Service

Attachment I

Resource Analysis of P.L. 94-437
(Authorized vs Appropriated FY 1978 and 1979)
(Dollars in Thousands)

	FY 1978						FY 1979							
	Authorization		Appropriation		Unfunded		Authorization		Authorization + 78 Unfunded		President's Budget		Unfunded	
	Pos	$	Pos	$	Pos	$	Pos	$	Pos	$	Pos	$	Pos	$
Indian Health Services:														
Title I Indian Health Manpower	--	7,850	--	6,000	--	1,850	--	9,800	--	11,650	--	(-6,000)	--	17,650
Title II Health Services	612	17,578	477	15,251	135	2,327	625	30,950	760	33,277	--	4,830	760	28,447
Title V Health Services for Urban Indians	--	5,000	--	3,250	--	1,750	--	10,000	--	11,750	--	(-3,250)	--	15,000
Sub-Total	612	30,428	477	24,501	135	5,927	625	50,750	760	56,677	--	-4,420	760	61,097
Indian Health Facilities:														
Title III Health Facilities	--	178,369	--	143,257[1/]	--	35,112	--	200,207	--	235,319	--	69,955	--	165,364
Total	612	208,797	477	167,758[1/]	135	41,039	625	250,957	760	291,996	--	65,535	760	226,461

1/ Includes $72,000,000 appropriated in FY 1977 as a supplemental

1979 CONGRESSIONAL ACTION
(in thousands of dollars)

Date of Action					6/1/78		8/2/78					
Report No.					95-1251		95-1063					
	1978 Availability		1979 To Congress		1979 House Committee		1979 Senate Committee		1979 Conference		1979 Appropriation	
	Pos.	Amount	Pos.	Amount	Pos.	Amount	Pos.	Amount	Pos.	Amount	Pos.	Amount
Indian Health Service	9,727	$441,935*	9,727	$472,852	10,218	$490,048 4/	6/	$481,127				
Indian Health Facilities	---	71,257	---	69,955	---	70,555	---	76,960				
Congressional Action (Included in above totals)												
Indian Health Services:												
Restoration of Manpower Title I 1/ (Dir Care)						+6,788		+ 6,788 7/				
Restoration of Community Development (FMS)						+3,166		+ 1,000				
Restoration of Urban Indian Title V (FMS)						+3,662		+ 3,192				
Restoration of P.L. 93-638 Implementation (FMS)						+3,117		+ 3,117				
Lac Du Flambeau, Wisc. staff, etc. 2/					+26	+779	+26	+ 779				
Patient Services to Arapahoe & Shoshone-Wind River (CHC)						+480						
Model diabetes projects (FMS)					+25	+925	+25	+ 925				
Whiteriver revised operation 3/						-1,721		- 1,721				
Reprogramming from CHC surgery to Dir Care					+171	+3,500	+171	+ 3,500				
Positions for new facilities					+269 5/	-----						
Emergency medical svcs-prev. other agencies (Dir Care)							6/	+ 1,500				
Contract Health Care Surgery (CHC)						-3,500		-13,400 8/				
Leased clinics in Alaska (Amb Care)								+ 608				
Swift Bird, SD Clinic (Amb Care)							6/	+ 100				
Health care improvement demonstration Alaska (Amb Care)							6/	+ 150				
Espanola Clinic delayed start-up costs (Amb Care)								- 364				
Children's Village - Laguna, NM - lease & staff needs (Prev Hlth)							6/	+ 664				
Bethel, AK - initiate leasing of pers qtrs (Prev Hlth)								+ 40				
Red Lake, MN - compar pay - retirement benefits with Fed Emp (Prev Hlth)								+ 450				
Kinchaloe, MI - estab hlth services (Prev Hlth)								+ 947				
Total Indian Health Services					+491	+17,196	---	+ 8 275				

Attachment II

1979 CONGRESSIONAL ACTION
(In thousands of dollars)

Indian Health Facilities:	1978 Availability Pos.	1978 Availability Amount	1979 To Congress Pos.	1979 To Congress Amount	1979 House Committee Pos.	1979 House Committee Amount	1979 Senate Committee Pos.	1979 Senate Committee Amount	1979 Conference Pos.	1979 Conference Amount	1979 Appropriation Pos.	1979 Appropriation Amount
Red Lake, MN - cost Overrun (Hospls-repl)						$		$ + 916				
Chinle, AZ - 1st phase const (Hospls-New)								+3,000				
Tahlequah, OK - plan repl hospl (Hospl-repl)								+ 550				
Ft. Yates, N.D. - attain accreditation (Hospl-Mod)								+ 125				
Mt. Edgecumbe, AK - repairs & alter (Hospl-Modern)								- 986				
Whiteriver, AZ - initiate const of Nur Qtrs (P.O.)								+3,000				
Sanitation Facilities - special projects						+ 600						
Sanitation - Standing Rock Res - existing housing								+ 400				
Total Indian Health Facilities						+ 600		+7,005				

*1978 Appropriation	$428,891
1978 Supplementals	
(1) C/O-CS-WB Payact	$+10,878
Sub-Total (Congr Bud page 45)	439,769
(2) Nurse reclassification	+1,750
(3) Passamaquoddy & Penobscot	+1,138
Comp. trans to "Gen'l Dev.tmental Mgmt"	-722
1978 Availability	441,935

6/ To be determined subsequently

7/ Includes Indians into Medicine and MPH ed programs previously funded by BIA.

8/ $5,600,000 of 1978 increase for unmet surgical needs left in base to cover unbudgeted cost increases and provide $731,000 Siletz Tribe health services.

1/ Includes funds for INMED & MPH programs.

2/ Amb Care - 14 positions and $659K; San - 1 pos and $10K; dental - 2 pos and $20K; P.H. Nurse - 2 pos and $20K; FHS - 7 pos and $70K;

3/ Dir Care $1,011 million; Amb Care $517K; dental $84K; P.H. Nurse $33K; health ed $18K.

4/ The increase provided over the FY 1978 amount for contract care includes funds to meet the health care needs of the Siletz Tribe.

5/ Summary of Position Requirements in 1979 Related to New Facilities

Facility	Patient Care	Ambulatory Care	Preventive Health	Total
Whiteriver, AZ Hosp.	110	57	26	193
Poplar, MT Clinic	---	21	11	32
Espanola, NM Clinic	---	9	5	14
Oneida, WI Clinic	---	8	7	15
Ft. MacArthur, CA Clinic	---	15	---	15
Total	110	110	49	269